CANDIDATE AND OFFIC OLDER CAMPAIGN STATEMENT-L G FORM AND CONSOLIDATED CAMPAIGN STATEMENT (Government Code Sections 84200-84217) PAGE / OF 2 Type or Print in Ink through Dec 1983 Statement covers period July 14 8 53 cm CHECK ONE OF THE FOLLOWING BOXES TO INDICATE THE TYPE OF STATEMENT BEING FILED FORM 490 [] PRE ELECTION STATEMENT [] SUPPLEMENTAL PRE-ELECTION 1988 STATEMENT (If filing a Supplemental SEMI-ANNUAL STATEMENT Pre-Election Statement, you must SPECIAL ODD-YEAR CAMPAIGN REPORT CITY CLERK complete Form 495 and attach it to TERMINATION STATEMENT
Attach a form 415 to this form 490 CITY OF LOD this statement.) DATE OF ELECTION IMO . DAY YR I (IF APPLICABLE) TOTAL PAGES OFFICIAL USE ONLY CANDIDATE/OFFICEHOLDER INCLUDED IN THIS CONSOLIDATED REPORT NAME OF CANDIDATE OFFICEHOLDER OFFICE SOUGHT OR HELD (Include location and district number if applicable) Hinchman avid ouncilmenter TIAL ADDRESS CITY AND STREET STATE ZIP CODE AREA CODE / PHONE NUMBER Pleasant Lodi 95240 13321652 01 209 BUSINESS ADDRESS NO AND STREET CITY ZIP CODE STATE AREA CODE /PHONE NUMBER ocketord od 1 95240 209 3317409 CONTROLLED COMMITTEES* INCLUDED IN THIS CONSOLIDATED REPORT 11 (IF APPLICABLE) NAME OF COMMITTEE ID NUMBER our the Elect 1105 Mary ADDRESS OF COMMITTEE 79 STATE ZIP CODE AREA CODE / PHONE NUMBER od 95240 371652 NAME OF Millard Fore PERMANENT ADDRESS OF TREASURER NO AND STREET CITY STATE ZIP CODE AREA CODE/ BUSINESS PHONE NUMBER od 95240 209 5158 ESS OF COMMITTEE NO AND STREET CITY STATE ZIP CODE AREA CODE / PHONE NUMBER NAME OF TREASURER PERMANENT ADDRESS OF TREASURER NO AND STREET STATE ZIP CODE AREA CODE / BUSINESS PHONE NUMBER A controlled committee is one which is controlled directly or indirectly by a candidate or which acts jointly with a candidate or controlled committee in connection with the making of expenditures. A candidate controls a committee if the candidate, the candidate's agent, or any other committee he or she controls, has significant influence on the actions or decisions of the committee. Attach additional information or appropriately labeled continuation sheets. CANDIDATE/OFFICEHOLDER ONLY: LIST ANY OTHER COMMITTEES NOT INCLUDED IN THIS CONSOLIDATED STATEMENT WHICH ARE CONTROLLED BY YOU OR ARE PRIMARILY FORMED TO RECEIVE CONTRIBUTIONS OR MAKE EXPENDITURES ON BEHALF OF YOUR CANDIDACY. CONTROLLED COMMITTEE? COMMITTEE NAME AND LD NUMBER COMMITTEE ADDRESS TREASURER YES | NO Attach additional information on appropriately labeled continuation sheets. VERIFICATION CANDIDATE OR OFFICEHOLDER: I have used all reasonable diligence and, if one or more controlled committees are included in this report, to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the Statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct 4 h Executed on .

(Date) (City and State) (Signature of Candidate or Officeholder) SURER(S) (if applicable): have used all reasonable diligence in preparing this Statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. o lit Executed on (Date) (City and State) Executed on ..__ by ___ (Date) (City and State) (Signature of Treasurer) - 1 -

PAGE OF STATEMENT COVERS PERIOD **CAMPAIGN DISCLOSURE STATEMENT SUMMARY PAGE** FROM THROUGH FORM 420 OR 490 (Amounts May Be Rounded To Whole Dollars) 7/1/88 12/31/88 NAME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE: I.D. NUMBER (IF COMMITTEE) 841105 Hinchman COLUMN A COLUMN B COLUMNIC **CONTRIBUTIONS RECEIVED** Cumulative total Total this period from attached schedules Cumulative to date (Columns A + B) from previous period. 1. Monetary contributions..... SCHEDULE A. LINE 3 2. Loans received...... SCHEDULE B. LINE 7 3. SUBTOTAL CASH RECEIPTS LINES 1 + 2 LINES L. 2 LINES 1 + 2 SCHEDULE C. LINE 3 5. TOTAL CONTRIBUTIONS WITHOUT LINES 3 + 4 LINES 3 + 4 LINES 3 + 4 6. Enforceable Promises (Except loan SCHEDULE D, LINE / 7. TOTAL CONTRIBUTIONS..... LINES 5 + 6 (SHOULD EQUAL LINE 7, COLUMNS A + 8) LINES S . 6 LINES 5 + 6 EXPENDITURES MADE SCHEDULE E. LINE S SCHEDULE EL, LINE / LINES B . Q LINES B + 9 SCHEDULE F, LINE 5 12. TOTAL EXPENDITURES LINES 10 + 11 LINES 10 + 11 (SHOULD EQUAL LINE 12 LINES 10 - 11 COLUMNS A + B) *IF THIS IS THE FIRST REPORT FILED FOR THE CALENDAR YEAR, COLUMN A SHOULD BE BLANK **EXCEPT FOR LINES 2, 6, 9 AND 11.** STATEMENT OF CHANGES IN FINANCIAL CONDITION 13. Cash on hand at the beginning of this period. (Enter "Cash on hand 435.84 at end of reporting period "from previous statement filed.) 14. Cash receipts this period (Line 3, Column B above) 15. Miscellaneous increases to cash (Schedule G, Line 4) 17. Cash on hand at end of reporting period (Lines 13 + 14 + 15 - 16 above) ENDING CASH ON HAND SHOULD NOT BE A NEGATIVE AMOUNT (If this is a Termination Statement, Line 17 must be Zero.)..... Amount of Ioan guarantees received (Schedule B, Part I, Column (b))...... 18. Cash equivalents (other assets held including outstanding loans made to others). Important: See instructions on reverse 20. Outstanding debts (Line 2 + Line 11 of Column Cabove)......

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MMARY FOR CANDIDATES IN BOTH A JUNE AND NOVEMBER ELECTION (See Instructions on Reverse)

	1/1 THRU 6/30	7/1 TO DATE
21. CONTRIBUTIONS RECEIVED:		
22. EXPENDITURES MADE:		
		- 3 -